



**Department of Veterans Affairs  
Office of Inspector General**

**Office of Healthcare Inspections**

**Report No. 14-00931-213**

**Community Based Outpatient Clinic  
and Primary Care Clinic Reviews  
at  
John D. Dingell VA Medical Center  
Detroit, Michigan**

**July 22, 2014**

**Washington, DC 20420**

**To Report Suspected Wrongdoing in VA Programs and Operations**

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## Glossary

AUD	alcohol use disorder
CBOC	community based outpatient clinic
DWHP	designated women's health provider
EHR	electronic health record
MH	mental health
MM	medication management
MSDS	material safety data sheet
NM	not met
OIG	Office of Inspector General
PACT	Patient Aligned Care Teams
PCC	primary care clinic
RN	registered nurse
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

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## Executive Summary

**Review Purpose:** The purpose of the review was to evaluate selected patient care activities to determine whether the community based outpatient clinics (CBOCs) and primary care clinics (PCCs) provide safe, consistent, and high-quality health care for our veterans. We conducted electronic health record reviews during the week of May 26, 2014, for the CBOCs and PCCs under the oversight of the John D. Dingell VA Medical Center and Veterans Integrated Service Network 11.

**Review Results:** We conducted three focused reviews and made no recommendations in the Designated Women's Health Provider Proficiency review. We made recommendations in the following two review areas:

Alcohol Use Disorder. Ensure that CBOC/PCC:

- RN Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to the Patient Aligned Care Team.

Medication Management. Ensure that CBOC/PCC staff:

- Document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.
- Provide medication counseling/education as required.

### Comments

The VISN and Facility Directors agreed with the CBOC and PCC review findings and recommendations and provided acceptable improvement plans. (See Appendixes C and D, pages 12–14, for the full text of the Directors' comments.) We will follow up on the planned actions until they are completed.



JOHN D. DAIGH, JR., M.D.  
Assistant Inspector General for  
Healthcare Inspections

## Objectives, Scope, and Methodology

### Objectives

The CBOC and PCC reviews are an element of the OIG's efforts to ensure that our Nation's veterans receive high-quality VA health care services. As such, the CBOC and PCC reviews are recurring evaluations of selected primary care operations that focus on patient care quality. In general, our objectives are to:

- Determine whether CBOCs/PCCs are compliant with VHA requirements in the care of patients with AUD.
- Determine compliance with requirements for the clinical oversight and patient education of fluoroquinolones for outpatients.
- Evaluate if processes are in place for DWHPs to maintain proficiency in WH.

### Scope

To evaluate for compliance with requirements related to patient care quality, we reviewed clinical and administrative records and discussed processes and validated findings with managers and employees. The review covered the following three activities:

- AUD
- MM
- DWHP Proficiency

The scope of this review is limited to the established objectives. Issues and concerns that come to our attention that are outside the scope of this standardized inspection will be reviewed and referred accordingly.

### Methodology

Details of the targeted study populations for the AUD, MM, and DWHP Proficiency focused reviews are noted in Table 1.

**Table 1. CBOC/PCC Focused Reviews and Study Populations**

Review Topic	Study Population
AUD	All CBOC and PCC patients screened within the study period of July 1, 2012, through June 30, 2013, and who had a positive AUDIT-C score <sup>1</sup> and all providers and RN Care Managers assigned to PACT prior to October 1, 2012.
MM	All outpatients with an original prescription ordered for one of the three selected fluoroquinolones from July 1, 2012, through June 30, 2013.
DWHP Proficiencies	All WH PCPs designated as DWHPs as of October 1, 2012, and who remained as DWHPs until September 30, 2013.

In this report, we make recommendations for improvement. Recommendations pertain to issues that are significant enough to be monitored by the OIG until corrective actions are implemented.

The review was done in accordance with OIG standard operating procedures for CBOC and PCC reviews.

<sup>1</sup> The AUDIT-C is a brief alcohol screen that reliably identifies patients who are hazardous drinkers or have active alcohol use disorders. Scores range from 0-12.

## Results and Recommendations

### AUD

The purpose of this review was to determine whether the facility’s CBOCs and PCC complied with selected alcohol use screening and treatment requirements.<sup>a</sup>

We reviewed relevant documents. We also reviewed 40 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

**Table 2. AUD**

NM	Areas Reviewed	Findings
	Alcohol use screenings are completed during new patient encounters, and at least annually.	
	Diagnostic assessments are completed for patients with a positive alcohol screen.	
	Education and counseling about drinking levels and adverse consequences of heavy drinking are provided for patients with positive alcohol screens and drinking levels above National Institute of Alcohol Abuse and Alcoholism guidelines.	
	Documentation reflects the offer of further treatment for patients diagnosed with alcohol dependence.	
	For patients with AUD who decline referral to specialty care, CBOC/PCC staff monitored them and their alcohol use.	
	Counseling, education, and brief treatments for AUD are provided within 2 weeks of positive screening.	
X	CBOC/PCC RN Care Managers have received MI training within 12 months of appointment to PACT.	We found that 8 of 26 RN Care Managers did not receive MI training within 12 months of appointment to PACT.
X	CBOC/PCC RN Care Managers have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	We found that 5 of 26 RN Care Managers did not receive health coaching training within 12 months of appointment to PACT.
	The facility complied with any additional elements required by VHA or local policy.	

### Recommendation

1. We recommended that CBOC/PCC Registered Nurse Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to PACT.

## MM

The purpose of this review was to determine whether appropriate clinical oversight and education were provided to outpatients prescribed oral fluoroquinolone antibiotics.<sup>b</sup>

We reviewed relevant documents. We also reviewed 40 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

**Table 3. Fluoroquinolones**

NM	Areas Reviewed	Findings
X	Clinicians documented the medication reconciliation process that included the fluoroquinolone.	We did not find documentation that medication reconciliation included the newly prescribed fluoroquinolone in 15 (38 percent) of 40 patients' EHRs.
	Written information on the patient's prescribed medications was provided at the end of the outpatient encounter.	
X	Medication counseling/education for the fluoroquinolone was documented in the patients' EHRs.	We did not find documentation of medication counseling that included the fluoroquinolone in 5 (13 percent) of 40 patients' EHRs.
	Clinicians documented the evaluation of each patient's level of understanding for the education provided.	
	The facility complied with local policy.	

## Recommendations

2. We recommended that staff document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.
3. We recommended that staff provide medication counseling/education as required.

## DWHP Proficiency

The purpose of this review was to determine whether the facility’s CBOCs and PCCs complied with selected DWHP proficiency requirements.<sup>c</sup>

We reviewed the facility self-assessment, VHA and local policies, Primary Care Management Module data, and supporting documentation for DWHPs’ proficiencies. The table below shows the areas reviewed for this topic. The facility generally met requirements. We made no recommendations.

**Table 4. DWHP Proficiency**

NM	Areas Reviewed	Findings
	CBOC and PCC DWHPs maintained proficiency requirements.	
	CBOC and PCC DWHPs were designated with the WH indicator in the Primary Care Management Module.	

## CBOC Profiles

This review evaluates the quality of care provided to veterans at all of the CBOCs under the parent facility's oversight.<sup>2</sup> The table below provides information relative to each of the CBOCs.

Location	State	Station #	Locality <sup>4</sup>	CBOC Size <sup>5</sup>	Uniques <sup>3</sup>				Encounters <sup>3</sup>			
					MH <sup>6</sup>	PC <sup>7</sup>	Other <sup>8</sup>	All	MH <sup>6</sup>	PC <sup>7</sup>	Other <sup>8</sup>	All
Yale	MI	553GA	Rural	Mid-Size	308	4,090	1,855	4,113	980	15,836	3,889	20,705
Pontiac	MI	553GB	Urban	Mid-Size	411	2,748	1,727	3,003	841	6,205	4,731	11,777

<sup>2</sup> Includes all CBOCs in operation before March 31, 2013.

<sup>3</sup> Unique patients and Total Encounters – Source: MedSAS outpatient files; completed outpatient appointments indicated by a valid stop code during the October 1, 2012, through September 30, 2013, timeframe at the specified CBOC.

<sup>4</sup> [http://vaww.pssg.med.va.gov/PSSG/DVDC/FY2013\\_Q1\\_VAST.xlsx](http://vaww.pssg.med.va.gov/PSSG/DVDC/FY2013_Q1_VAST.xlsx)

<sup>5</sup> Based on the number of unique patients seen as defined by VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008, the size of the CBOC facility is categorized as very large (> 10,000), large (5,000-10,000), mid-size (1,500-5,000), or small (< 1,500).

<sup>6</sup> Mental Health includes stop codes in the 500 series, excluding 531 and 563, in the primary position.

<sup>7</sup> Primary Care includes the stop code list in the primary position: 323 – Primary Care; 322 – Women's Clinic; 348 – Primary Care Group; 350 – Geriatric Primary Care; 531 – MH Primary Care Team-Individual; 563 – MH Primary Care Team-Group; 170 – Home Based Primary Care (HBPC) Physician.

<sup>8</sup> All other non-Primary Care and non-MH stop codes in the primary position.

## CBOC Services Provided

In addition to primary care integrated with WH and MH care, the CBOCs provide various specialty care, ancillary, and tele-health services. The following table lists the services provided at each CBOC.<sup>9</sup>

CBOC	Specialty Care Services <sup>10</sup>	Ancillary Services <sup>11</sup>	Tele-Health Services <sup>12</sup>
Yale	---	---	Tele Primary Care
Pontiac	Anti-Coagulation Clinic	Audiology MOVE! Program <sup>13</sup> Rehabilitation	Tele Primary Care

<sup>9</sup> Source: MedSAS outpatient files; the denoted Specialty Care and Ancillary Services are limited to Primary Clinic Stops with a count  $\geq 100$  encounters during the October 1, 2012, through September 30, 2013, timeframe at the specified CBOC.

<sup>10</sup> Specialty Care Services refer to non-Primary Care and non-MH services provided by a physician.

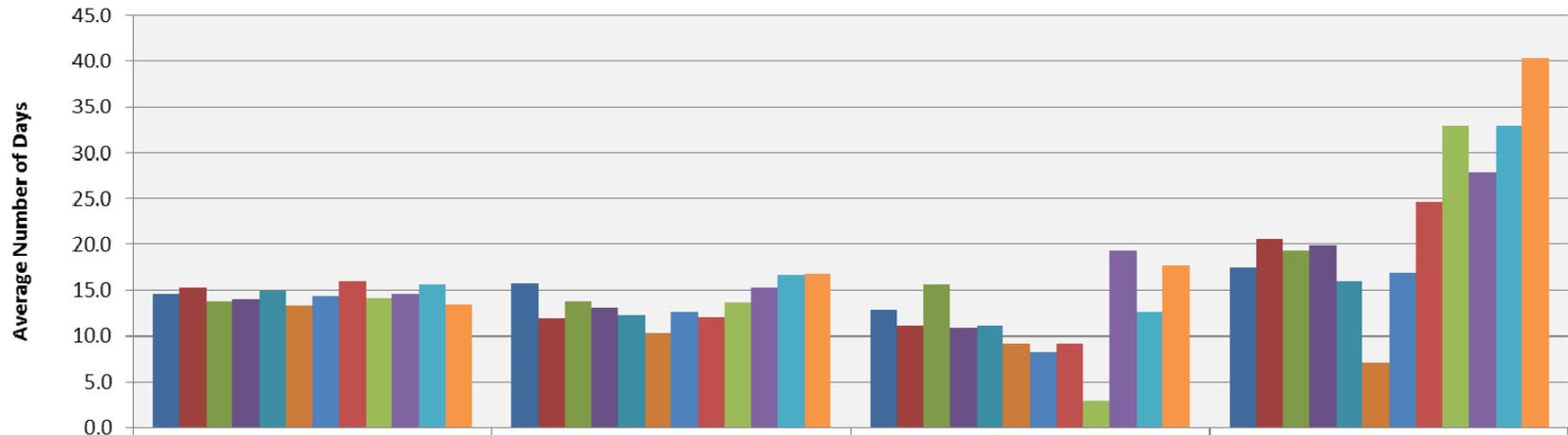
<sup>11</sup> Ancillary Services refer to non-Primary Care and non-MH services that are not provided by a physician.

<sup>12</sup> Tele-Health Services refer to services provided under the VA Telehealth program (<http://www.telehealth.va.gov/>)

<sup>13</sup> VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

## PACT Compass Metrics

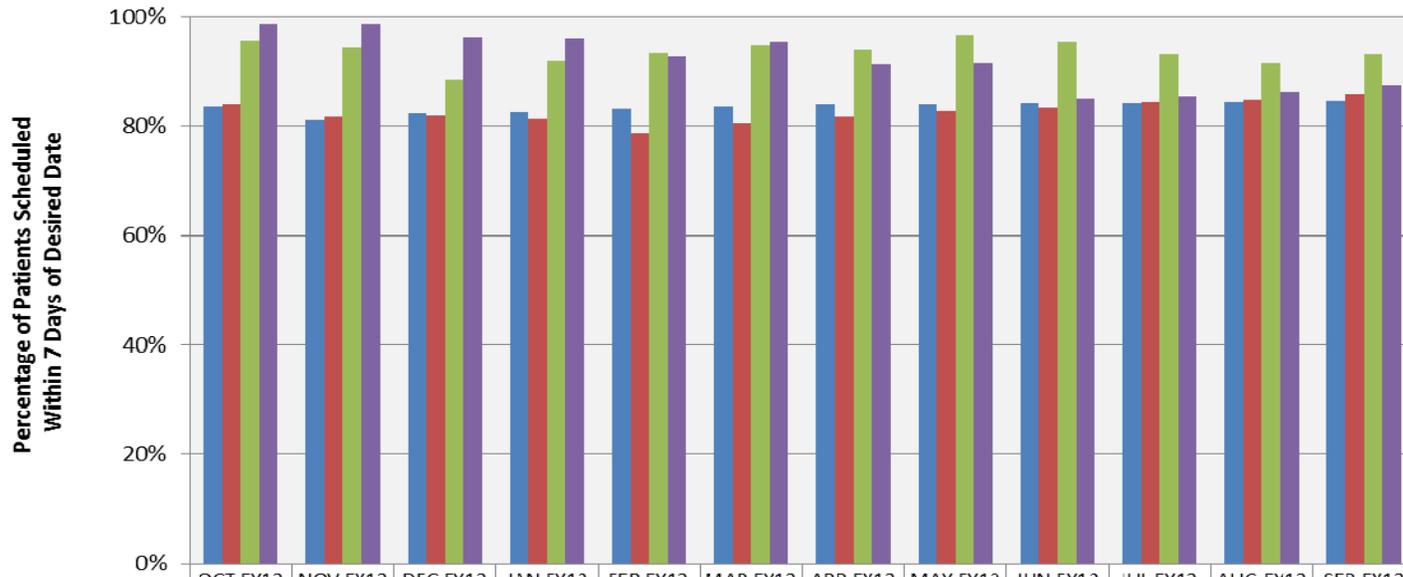
### FY 2013 Average 3rd Next Available in PC Clinics



	VHA Total	Detroit (John D. Dingell) (553)	Yale (553GA)	Pontiac (553GB)
■ OCT FY13	14.6	15.8	12.9	17.4
■ NOV FY13	15.2	11.9	11.1	20.6
■ DEC FY13	13.8	13.8	15.6	19.4
■ JAN FY13	14.0	13.1	10.9	19.8
■ FEB FY13	14.8	12.4	11.1	16.0
■ MAR FY13	13.3	10.2	9.1	7.1
■ APR FY13	14.4	12.5	8.3	17.0
■ MAY FY13	16.0	12.0	9.1	24.6
■ JUN FY13	14.2	13.7	2.9	33.0
■ JUL FY13	14.6	15.3	19.3	27.9
■ AUG FY13	15.7	16.7	12.5	33.0
■ SEP FY13	13.4	16.8	17.6	40.4

**Data Definition.<sup>d</sup>** The average waiting time in days until the next third open appointment slot for completed primary care appointments in stop code 350. Completed appointments in stop code 350 for this metric include completed appointments where a 350 stop code is in the primary position on the appointment or one of the telephone stop codes is in the primary position, and 350 stop code is in the secondary position. The data is averaged from the national to the division level.

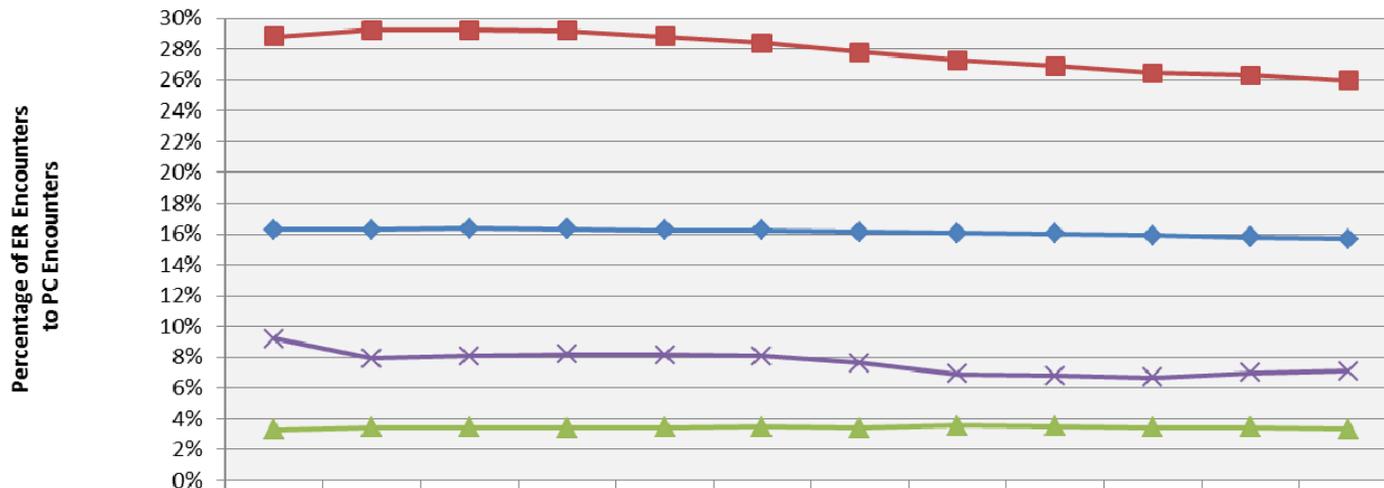
### FY 2013 Established PC Prospective Wait Times 7 Days



	OCT FY13	NOV FY13	DEC FY13	JAN FY13	FEB FY13	MAR FY13	APR FY13	MAY FY13	JUN FY13	JUL FY13	AUG FY13	SEP FY13
■ VHA Total	83.5%	81.1%	82.4%	82.5%	83.2%	83.6%	84.0%	84.0%	84.1%	84.3%	84.5%	84.7%
■ Detroit (John D. Dingell) (553)	83.9%	81.7%	81.8%	81.3%	78.8%	80.7%	81.7%	82.8%	83.4%	84.5%	84.8%	85.9%
■ Yale (553GA)	95.6%	94.4%	88.4%	91.8%	93.3%	94.9%	93.9%	96.4%	95.5%	93.2%	91.4%	93.1%
■ Pontiac (553GB)	98.5%	98.6%	96.2%	96.1%	92.7%	95.4%	91.1%	91.5%	85.1%	85.5%	86.2%	87.4%

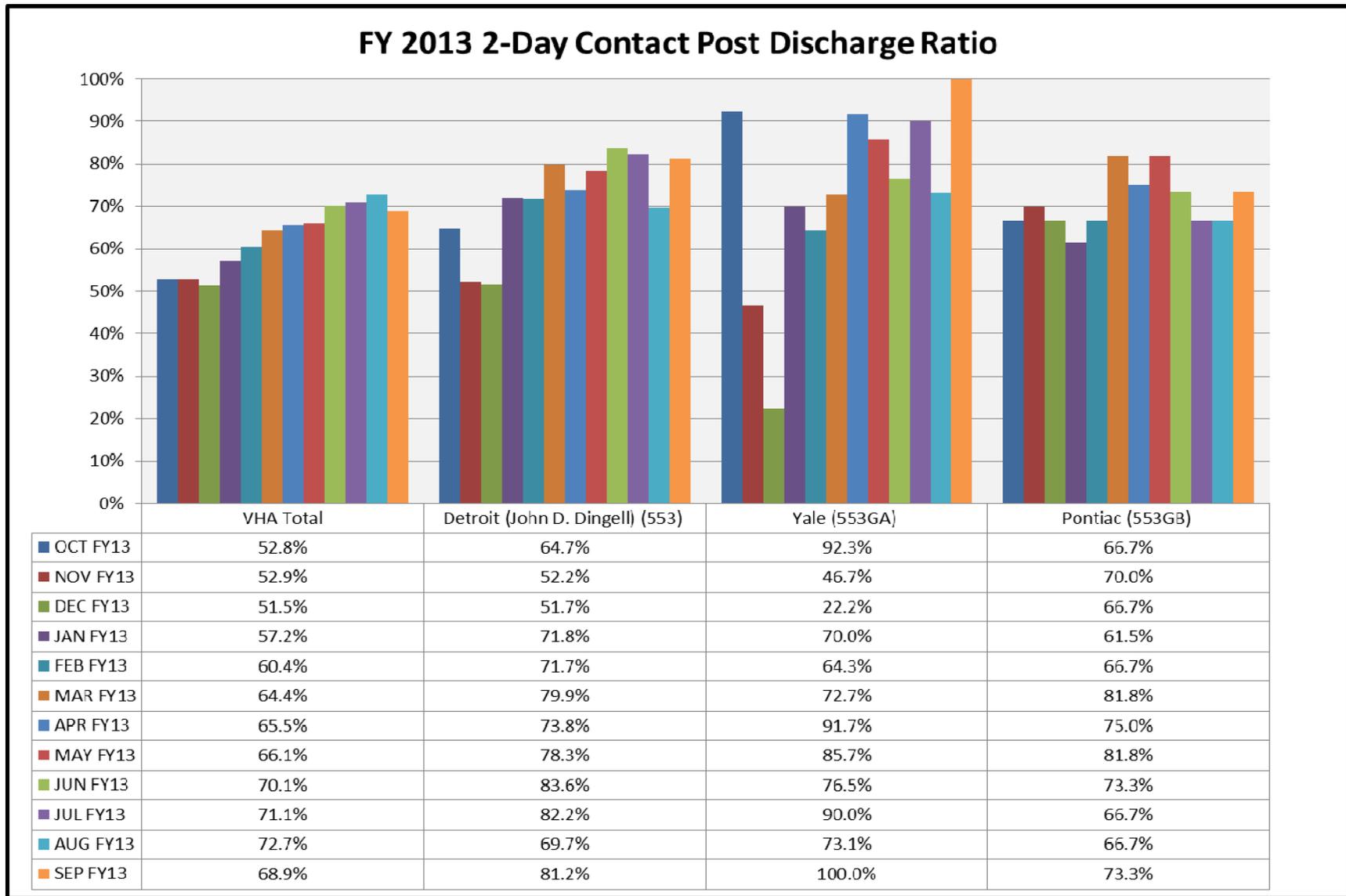
**Data Definition.<sup>d</sup>** The percent of patients scheduled within 7 days of the desired date. Data source is the Wait Times Prospective Wait Times measures. The total number of scheduled appointments for primary care-assigned patients in primary care clinics 322, 323 and 350. Data is collected twice a month on the 1st and the 15th. Data reported is for the data pulled on the 15th of the month. There is no FY to date score for this measure.

### FY 2013 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	OCT FY13	NOV FY13	DEC FY13	JAN FY13	FEB FY13	MAR FY13	APR FY13	MAY FY13	JUN FY13	JUL FY13	AUG FY13	SEP FY13
—◆— VHA Total	16.3%	16.3%	16.4%	16.3%	16.3%	16.3%	16.1%	16.1%	16.0%	15.9%	15.8%	15.7%
—■— Detroit (John D. Dingell) (553)	28.8%	29.3%	29.2%	29.2%	28.8%	28.4%	27.8%	27.3%	26.9%	26.5%	26.3%	26.0%
—▲— Yale (553GA)	3.3%	3.4%	3.5%	3.4%	3.5%	3.5%	3.4%	3.6%	3.5%	3.5%	3.4%	3.3%
—×— Pontiac (553GB)	9.2%	7.9%	8.1%	8.2%	8.1%	8.1%	7.6%	6.9%	6.8%	6.7%	7.0%	7.1%

**Data Definition.<sup>d</sup>** This is a measure of where the patient receives his or her primary care and by whom. A low percentage is better. The formula is the total VHA ER/Urgent Care/FEE ER Encounters WOP (including FEE ER visits) *divided by* the number of primary care encounters WOP with the patient’s assigned primary care (or associate) provider plus the total VHA ER/Urgent Care/FEE ER Encounters (including FEE ER visits) WOP plus the number of primary care encounters WOP with a provider other than the patient’s PCP/AP.



**Definition.<sup>d</sup>** Total Discharges Included in 2-day Contact Post Discharge Ratio: The total VHA and FEE Inpatient Discharges for assigned primary care patients for the reporting timeframe. Discharges resulting in death and discharges where a patient is readmitted within 2 days of discharge are excluded from this metric.

## VISN Director Comments

Department of  
Veterans Affairs

Memorandum

**Date:** June 27, 2014  
**From:** Director, Veterans In Partnership (10N11)  
**Subject:** **CBOC and PCC Reviews of the John D. Dingell VA Medical Center, Detroit, MI**  
**To:** Director, Chicago Office of Healthcare Inspections (54CH)

Director, Management Review Service (VHA 10AR MRS  
OIG CAP CBOC)

1. I concur with the findings and recommendations in the CBOC and PCC Reviews of the John D. Dingell VA Medical Center, Detroit, MI.

2. If you have any questions regarding the responses and actions to recommendations, please contact me at 734-222-4300.

Thank you.



for in the absence of:

Paul Bockelman, FACHE

## Facility Director Comments

Department of  
Veterans Affairs

Memorandum

**Date:** June 23, 2014

**From:** Director, John D. Dingell VA Medical Center (553/00)

**Subject:** **CBOC and PCC Reviews of the John D. Dingell VA Medical Center, Detroit, MI**

**To:** Director, Veterans In Partnership (10N11)

1. I would like to express my gratitude to the Office of Inspector General (OIG) CBOC and PCC Team for the comprehensive and thorough review.

2. I have reviewed each recommendation in the draft report for the John D. Dingell VA Medical Center, Detroit, MI and concur with the findings and recommendations. Action plans for each finding have been developed and implemented.



Pamela J. Reeves, MD

## Comments to OIG's Report

The following Director's comments are submitted in response to the recommendations in the OIG report:

### **OIG Recommendations**

**Recommendation 1.** We recommended that CBOC/PCC Registered Nurse Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to PACT.

Concur

Target date for completion: March 31, 2014

Facility response: The TEACH for Success and Motivational Interviewing training will be assigned in TMS by CNM Primary Care to all new Registered Nurse Care Managers assigned to Primary Care to ensure training is completed within 12 months of appointment to PACT. Data will be tracked by CNM Primary Care to verify 100% compliance and report monthly to Quality Leadership Committee.

**Recommendation 2.** We recommended that staff document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.

Concur

Target date for completion: March 31, 2014

Facility response: The ACOS for Integrated Clinical Services and Surgery Service will provide education regarding the medication reconciliation policy. Clinical reminder will be developed as a tracking mechanism. Quality and Performance will track data monthly to verify 100% compliance and report to Quality Leadership Committee monthly.

**Recommendation 3.** We recommended that staff provide medication counseling/education as required.

Concur

Target date for completion: March 31, 2014

Facility response: A process will be built into the ordering procedure to ensure completion and documentation of the education component on the black box warning when new prescriptions of fluoroquinolone are ordered. Pharmacy Service will track data monthly to verify 100% compliance and report monthly to the Quality Leadership Committee.

## OIG Contact and Staff Acknowledgments

<b>Contact</b>	For more information about this report, please contact the OIG at (202) 461-4720.
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Walberg

This report is available at [www.va.gov/oig](http://www.va.gov/oig).

## Endnotes

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<sup>a</sup> References used for the AUD review included:

- National Center for Health Promotion and Disease Prevention (NCP), Veteran Health Education and Information (NVEI) Program, *Patient Education: TEACH for Success*. Retrieved from [http://www.prevention.va.gov/Publications/Newsletters/2013/HealthPOWER\\_Prevention\\_News\\_Winter\\_2012\\_2013\\_FY12\\_TEACH\\_MI\\_Facilitator\\_Training.asp](http://www.prevention.va.gov/Publications/Newsletters/2013/HealthPOWER_Prevention_News_Winter_2012_2013_FY12_TEACH_MI_Facilitator_Training.asp) on January 17, 2014.
- VHA Handbook 1120.02, *Health Promotion Disease Prevention (HPDP) Program*, July 5, 2012.
- VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008.

<sup>b</sup> References used for the Medication Management review included:

- VHA Directive 2011-012, *Medication Reconciliation*, March 9, 2011.
- VHA Directive 2012-011, *Primary Care Standards*, April 11, 2012.
- VHA Handbook 1108.05, *Outpatient Pharmacy Services*, May 30, 2006.
- VHA Handbook 1108.07, *Pharmacy General Requirements*, April 17, 2008.
- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manual*, July 1, 2013.

<sup>c</sup> References used for the DWHP review included:

- VHA Deputy Under Secretary for Health for Operations and Management, Memorandum: *Health Care Services for Women Veterans*, Veterans Health Administration (VHA) Handbook 1330.01; Women's Health (WH) Primary Care Provider (PCP) Proficiency, July 8, 2013.
- VHA Handbook 1330.01 *Health Care Services for Women Veterans*, May 21, 2010.
- VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

<sup>d</sup> Reference used for PACT Compass data graphs:

- Department of Veterans' Affairs, *Patient Aligned Care Teams Compass Data Definitions*, August 29, 2013.